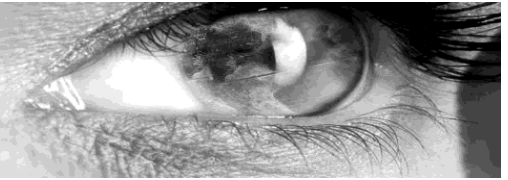


# Welcome to Spectrum Eyecare Optometry



Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender (circle one): Male Female Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_  
 Whom may we thank for referring you? \_\_\_\_\_

## Medical History

Have you or any of your relatives been diagnosed with any of the following?  
 please list family member and relationship (ie: paternal/maternal grandparent)

	You	Family Member		You	Family Member
Glaucoma			Cancer (please specify type)		
Cataracts			Stroke		
Turned or Crossed Eye			Neurological Disorders		
Dry Eye			Heart Disease		
Macular Degeneration			Kidney Disease		
Diabetes			Thyroid Disease		
High Blood Pressure			Hay Fever (Allergies)		

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medications (Including OTC and Vitamins): \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_

Date of Last Eye Exam: \_\_\_\_\_ Do you smoke (circle one)? Yes No

Do you wear contact lenses (circle one)? Yes No Brand: \_\_\_\_\_

If you do wear contact lenses, are you having any problems? \_\_\_\_\_

Would you be interested in learning more about contact lenses (circle one)? Yes No

Would you be interested in learning more about LASIK surgery (circle one)? Yes No

Please describe any eye injuries/surgeries/diagnoses you have had: \_\_\_\_\_

Are you currently pregnant? Yes No Breastfeeding? Yes No

## Insurance

Vision Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_

Primary Member Name: \_\_\_\_\_ Primary Member SS#: \_\_\_\_\_

**I authorize my insurance company to pay for all services or products obtained.**

**I understand that I am responsible for any charges denied by my insurance company.**

Signature: \_\_\_\_\_

Parent or Guardian Name Printed (if patient is under 18): \_\_\_\_\_



**Spectrum Eyecare Optometry, Inc.**

425 W. Bonita Ave., Suite 110B San Dimas, CA 91773

(909) 394-0462 Fax: (909) 592-0738

www.SpectrumEyecareOptometry.com

**Privacy Policy**

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services, and to conduct healthcare operations involving our office. The Privacy Policy describes these uses and disclosures in detail.

I acknowledge that I received a copy of Spectrum Eyecare Optometry Inc.'s Notice of Privacy Practices.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dilation**

Spectrum Eyecare Optometry recommends each patient have a dilated comprehensive eye examination every year. Dilation consists of eye drops administered in conjunction with your eye exam. The drops enlarge the pupil, allowing the doctor a more thorough examination of the eye, specifically of the retina. The procedure can detect ocular diseases, such as macular degeneration, glaucoma and optic nerve disease, as well as systemic diseases, such as hypertension and diabetes. Please initial below.

\_\_\_\_\_ YES, I would like to have my eyes dilated today.

\_\_\_\_\_ NO, I do not want to have my eyes dilated today.

**Retinal Imaging**

Digital retinal imaging is a technology which involves capturing a high-resolution digital image of the interior portion of your eye, the retina. This technology provides us with a digital retinal fingerprint and serves as a baseline for comparison at future visits. It is an excellent tool for preventative care. We emphasize imaging if: ***You have a family history of eye disease, including glaucoma, blindness, retinal detachment, macular degeneration, or other eye conditions. You are diabetic, hypertensive, have rheumatoid arthritis, or use high-risk medications, including steroids or choloquine.*** Digital imaging is quick, and the photographs are available immediately. ***The fee for retinal imaging is \$25. Currently this cannot be billed to insurance.*** Please initial below.

\_\_\_\_\_ YES, I would like my eyes digitally monitored through retinal imaging.

\_\_\_\_\_ NO, I do not want to have my eyes monitored through digital imaging.



# NOTICE OF PRIVACY PRACTICES

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

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We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This Notice describes how we protect your health information and what rights you have regarding it.

### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reasons why we use or disclose your health information are for treatment, payment or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you; testing or examining your eyes; prescribing glasses, contact lenses, or eye medications and faxing them to be filled; showing you low vision aids; referring you to another doctor or clinic for eyecare or low vision aids or services; or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans or other sources of payment; preparing and sending bills or claims; or collecting unpaid amounts (either ourselves or through a collection agency or attorney). Health care operations refer to those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; or outside storage of our records.

We routinely use your health information for these purposes without any special permission. If we need to disclose your health information outside of our office for other reasons, we will ask you for special written permission.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such situations are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;
- for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;

- disclosure to a medical examiner to identify a dead person or to determine the cause of death; to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- for health related research;
- to prevent a serious threat to health or safety;
- for specialized government functions, such as for the protection of the president or high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures of de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a "limited data set" for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your eyecare.

### **APPOINTMENT REMINDERS**

We may call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not home.

### **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written "authorization form." The content of an "authorization form" is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing and submitted to our office.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can:

- ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to our office.
- ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using email to your personal email address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communications, send a written request to our office.
- ask to see or to get photocopies of your health information. By law, there are a few situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or sixty days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to our office.
- ask us to amend your health information if you think that it is incorrect or incomplete. If we agree, we will amend the information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health

information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30 day extension of time to consider a request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to our office.

- get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30 day extension of time if we notify you of the extension in writing. If you want a list, send a written request to our office.
- get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to our office.

### **OUR NOTICE OF PRIVACY PRACTICES**

By law, we must abide by the terms of this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office and /or have copies available in our office.

### **COMPLAINTS**

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to our office. If you prefer, you can discuss your complaint in person or by phone.

### **FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit our office.